Edgar Filing: REGENERON PHARMACEUTICALS INC - Form 4

REGENERON PHARMACEUTICALS INC

07/01/2016

10/03/2016

Stock

Stock

Common

Form 4

November 09, 2016

November 0	9, 2016										
FORM 4 UNITED STATES SECURITIES AND EVCHANCE COMMISSION								OMB APPROVAL			
Washington, D.C. 20549						OMMISSION	OMB Number:	3235-0287			
Check the if no lon subject to Section Form 4 of Form 5 obligation may con See Instruction [b].	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 20(b) of the Investment Company Act of 1940							Expires: January 31, 2005 Estimated average burden hours per response 0.5			
(Print or Type	Responses)										
1. Name and Address of Reporting Person * VAGELOS P ROY			Symbol REGENERON PHARMACEUTICALS INC					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (I		3. Date of Fathest Hansachon				_X_ Officer (give				
777 OLD S ROAD	AW MILL RIVE		(Month/E 11/07/2	Day/Year) 016			t	oelow) Chairm	below) nan of the Boar	⁻ d	
TARRYTO	(Street) OWN, NY 10591			endment, Danth/Day/Year		1	- -	5. Individual or Joi Applicable Line) _X_ Form filed by O Form filed by M	ne Reporting Pe	rson	
		(T')					I	Person			
(City)	(State)	(Zip)	Tabl	le I - Non-I	Derivative :	Secur	ities Acqui	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Da	Date, if	3. Transaction Code (Instr. 8)	4. Securition Dispose (Instr. 3, 4)	ed of ((D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	11/07/2016			M	76,895	A	\$ 20.32	515,726	D		
Common Stock	11/07/2016			F	4,394	D	\$ 355.52	511,332	D		
Common	11/07/2016			F	37,388	D	\$	473,944	D		

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37,388 D

V 608

V 531

473,944

152,356

151,825

355.52

\$0

\$0

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by CLAT

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Common Stock			
Common Stock	2,290	I	By 401(k) Plan
Common Stock	92,947	I	by Spouse as Trustee
Common Stock	1,203	Ι	by trust for grandch

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1474

(9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	FransactionDerivative Expiration Date Code Securities (Month/Day/Year		ate	7. Title and Amour Underlying Securit (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo or Num of Sh
Non-Qualified Stock Option (right to buy)	\$ 20.32	11/07/2016		M	76,895	<u>(2)</u>	12/18/2016	Common Stock	76,8

Reporting Owners

Reporting Owner Name / Address	Relationships						
and the second	Director	10% Owner	Officer	Other			
VAGELOS P ROY							
777 OLD SAW MILL RIVER ROAD	X		Chairman of the Board				
TARRYTOWN, NY 10591							

Signatures

/s/**P. Roy

Vagelos 11/08/2016

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**Signature of Reporting Person Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) By a trust for the benefit of certain grandchildren of the reporting person, of which the reporting person and/or the spouse of the reporting person is trustee.
- (2) The stock option award (combined incentive stock option and non-qualified stock option) vests in four equal annual installments, commencing one year after the date of grant.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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